

# GIC Health Plan Rates – Monthly Rates as of July 1, 2010

## For GILL-MONTAGUE REGIONAL SCHOOL DISTRICT ENROLLEES



Commonwealth of Massachusetts  
Group Insurance Commission

### Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

*Includes 0.33% Administrative Fee*



HEALTH PLAN	TEACHER Who Retired Before July 1, 2008			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	\$ 41.62	\$ 99.89	10%	\$ 41.62	\$ 99.89
Fallon Community Health Plan Select Care	10%	49.93	119.82	10%	49.93	119.82
Harvard Pilgrim Independence Plan	10%	60.50	147.78	15%	90.75	221.66
Harvard Pilgrim Primary Choice Plan	10%	48.02	117.28	10%	48.02	117.28
Health New England	10%	41.54	102.97	10%	41.54	102.97
Tufts Health Plan Navigator	10%	58.18	141.27	15%	87.27	211.90
Tufts Health Plan Spirit	10%	46.18	112.12	10%	46.18	112.12
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	41.49	109.94	10%	41.49	109.94
UniCare State Indemnity Plan/Basic <i>with</i> CIC ( <i>Comprehensive</i> )	10%	80.65	188.30	25%	201.63	470.74
UniCare State Indemnity Plan/Basic <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	76.94	179.68	25%	192.34	449.19
UniCare State Indemnity Plan/ Community Choice	10%	40.80	97.91	15%	61.19	146.86
UniCare State Indemnity Plan/PLUS	10%	56.28	134.32	15%	84.43	201.48

### Retirees and Survivors *WITH MEDICARE*

HEALTH PLAN	TEACHER Who Retired Before July 1, 2008		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
	%	\$	%	\$
Fallon Senior Plan (HMO)*	10%	\$ 22.62	10%	\$ 22.62
Harvard Pilgrim Medicare Enhance	10%	37.95	25%	94.87
Health New England MedPlus (HMO)	10%	36.33	10%	36.33
Tufts Health Plan Medicare Complement (HMO)	10%	35.19	10%	35.19
Tufts Health Plan Medicare Preferred (HMO)*	10%	22.32	10%	22.32
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC ( <i>Comprehensive</i> )	10%	36.33	25%	90.81
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC ( <i>Non-Comprehensive</i> )	10%	35.26	25%	88.14

\* Rates are subject to federal approval and may change January 1, 2011.

*Rates are Calculated by the Gill-Montague Regional School District Benefits Office.*

**Rate questions? Call: 1.413.863.9325**